

CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

Pursuant to A.R.S. § 42-11151, 42-11152, 42-11153 and Article IX, Sections 2, 2.1, 2.2, and 2.3 Arizona Constitution.

Submit this form to the County Assessor's Office no later than the last day in February of each year.

Applicant's Name: _____		
(Last)	(First)	(Initial)
Address: _____		
(Street)		

(City)	(State)	(Zip)
Date of Birth: ____/____/____		
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/>

Pursuant to Arizona Administrative Code R15-4-116. Exemption for Totally and Permanently Disabled Person

- A. For purposes of the property tax exemption in A.R.S. Const. Art 9, § 2.2, a person is "totally and permanently disabled" if the person is unable to engage in any substantial gainful activity, for pay or profit, by reason of any physical or mental impairment that is expected to:
1. Last for a continuous period of 12 months or more, or
 2. Result in death within 12 months.
- B. To qualify for the exemption, a disabled person shall be certified as totally and permanently disabled by a person licensed under:
1. A.R.S. Title 32, Chapter 8, 13, 14, 17, 19.1, or 29; or
 2. The laws of another state that are comparable to the laws governing persons qualifying under subsection (B)(1).

MEDICAL CERTIFICATE FOR TOTALLY AND PERMANENTLY DISABLED PERSONS

I hereby certify the applicant's condition as stated below:

Mental or physical disability is considered to be TOTAL and PERMANENT and the applicant is unable to engage in any substantial gainful activity.

YES ☐

NO ☐

TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PSYCHIATRIST:

Physician or Psychiatrist's Signature

Type or Print

Physician or Psychiatrist's Name

Address

City

State

Zip

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Phone Number

Physician / Psychiatrist's Office Stamp: